

Soiled

PARTICIPANT QUESTIONNAIRE SURVEY

*answers are optional

Name: _____

Age: _____

Occupation: _____

What are you growing: _____

Where do you buy plants and soil? _____

Do you rotate crops/soil? _____

What is your watering schedule? _____

What is your fertilizing schedule? _____

What challenges do you face as an urban gardener? _____

Do you have a history with farming? _____

Can we take your picture? _____

Comments _____

I have given _____ permission to take a soil sample at my residence.

X _____